

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	3											
TOTAL DEP.	15											
TOTAL CLAIMS	18											
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												